INTRODUCTION
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Whereas clinical research work in glaucoma was often touched with speculation and fantasy 10 years ago, today we are disposed to look prospectively at the problem of early diagnosis, still interest in derivation of new glaucoma standards. The term 'glaucoma' means basically 'blue' and usual glaucoma evolved from the idea that blue-eyed animals have poor vision in the day. It was said to have been coined by Aristotle to refer to weakness of vision in day light (Wallman, 1966). While others believe it to be derived from 'glaukoma' meaning see green. This term was used in account of greenish hue observed in the dilated pupil of elderly persons suffering from glaucoma when examined by hussars loup. The term glaucoma does not denote a disease entidad butadvance a composite complex of pathological conditions which comprise any visual impairment present which the vision of the particular eye in question are unable to read without damage to their glaucoma or impairment of usual physiological function. Gene recently Tangut (1978) by ophthalmomography showed that increase intracranial
pressure probably damages the tissue by influencing the circulation of blood in papilla.

Among the various forms of glaucoma, chronic simple glaucoma still remains one of the principal causes of blindness throughout the world. Usually because of subtle symptoms coupled with its ability to diagnose early chronic glaucoma, contrary to this because of slow course most of the patients suffering from chronic simple glaucoma are diagnosed in late stages when damage to the eye by the disease process has occurred and become permanent.

The early diagnosis of chronic simple glaucoma still seems to be quite far from real goals. Although various surveys have been conducted for assessing of glaucoma at an early stage, yet because of the varying conditions under which they are performed and various standards adopted for reporting, no two studies are comparable and it is not possible to transfer the result of these statistical surveys to decision making in individual cases. There is definite evidence that if an early and effective control of disease process is obtained, 80% of glaucomatous eyes can maintain good vision throughout the life (Gatensberg, 1961). The efforts to find a
relationship between the raised intraocular pressure and development of a deterioration in visual function by various authors have yielded controversial results. Graham (1963) in a 3-4 year prospective study found, out of 232 eyes with raised intraocular pressure only one developed field loss and Lanyi (1965) noticed out of 198 eyes with initial tension of more than 26 mm Hg, one developed field loss. While Lathur (1967) in a 7 years follow up, found 36 out of 50 similar hypertensive developed field loss and Khan (1977) after following 78 patients with similar hypertension for 9 years noticed field loss in 7 patients. So waiting for a cure in a person with raised intraocular pressure is a hazardous and not a scientific procedure. Clearly a time honored principle return the system has been violated, meaning by them there is a great probability of doing more harm than good to patient by any procedure, that procedure must be avoided. Meaning the magnitude of problem this present study has been undertaken to ameliorate better result.

This treatment is a modest attempt towards the realization of this goal.